

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **112787**
Registrar's No. **1409**

FILED APR 17 1948
Registration District No. **949**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **5725 Lydia**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **HERMAN MORSEMAN**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Jennie Bell** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **March 1 1862**
(Month) (Day) (Year)

8. AGE: Years **86** Months **0** Days **29** If less than one day hr. min.

9. Birthplace **New Philadelphia Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Rail Machinist**

11. Industry or business

12. Name **Peter Morseman** 13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Mary Applinger**
15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Marie Morseman**
(b) Address **5725 Lydia**
17. (a) **Burial** (b) Date thereof **4-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crown Hill, Sedalia Mo.**
18. (a) Signature of funeral director **M. Laughlin Bros**
(b) Address **Sedalia, Mo.**
19. (a) **3-31-48** (b) **Gertrude Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5725 Lydia**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
year **1948** hour **11** minute **40** A.M.

21. I hereby certify that I attended the deceased from **Dec. 8**
1947, to **March 30**, **1948**
that I last saw him alive on **March 29**, **1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis** Duration **5 days**
Due to **Fracture Hip** **4 mos.**

Due to **Senility**
Other conditions **I fell from a ladder**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1866**
Of autopsy **18**
PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **12-3-47**
(c) Where did injury occur? **K.C. Jackson, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (e) Means of injury **fall**
23. Signature **J. W. Brauch** M.D. (M. D. or other)
Address **2517 Broadway, Kansas City, Mo.** Date signed **March 31-48**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

KPM Leary

Licensed Embalmer No. *3153*

P. O. Address. *Leola Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.